

CLAIMS AS FILED - PART I

Columns 1

Feature 3

ECE

101627,61

OTHER THAN
SMALL ENTITY

FORM	NUMBER FREU	NUMBER EXHA
BASIC FEE (1) CFR 1.10(u))		
TOTAL CLAIMS (1) CFR 1.10(c)(1)	13	minus 20 =
INDEPENDENT CLAIMS (1) CFR 1.10(u))	3	minus 3 =
MULTIPLE INDEPENDENT CLAIM PRESENT		(1) CFR 1.10(d))

* If the difference in column 1 is less than zero, enter '0' in column 2.

RATE	FEES
X 1.....*	
X 1.....*	
X 1.....*	
TOTAL	

	RATE	FEE
OR		1.790.00
OR	K 1.....*	
OR	TOTAL	790.00

CLAIMS AS AMENDED - PART II

2/23/06 (Column 1)

1

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (§ 1 CFR 1.16(d))	19	Minus	20	—
Independent (§ 1 CFR 1.16(h))	3	Minus	3	—

FIRST PRESENTATION OF MULTIPLE DEPENDENCY CLAIM (V1 CFB 15/09/2011)

SMALL ENTITY	
NAME	ADDITIONAL FEE
K 1 25	
K 1 100	
+ 1	
TOTAL ADD'L FEE	

OTHER THAN SMALL ENTITY		
	RATE	ADDI TIONAL FEE
OR	X \$ 50.	
OR	X \$ 200	
OR	41	
OR	TOTAL	ADD'L FEE

AMENDMENT 8		CLAMS REMAINING AFTER AMENDMENT	(Column 1)
			Total (2) CFA 1 Sec II
	Independent (2) CFA 1 Sec II.	*	
			FIRST PRESENTATION OF MULTIPLE

60

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	(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER ADMISSION	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESUMED FAIR
Total Independent Institutions	Minus	**	**
Independent Hospitals	Minus	***	**

RATE	ADDITIONAL FEE
X \$ ____ =	
X \$ ____ =	
X \$ ____ =	
TOTAL ADD'L FEE	

RATE	ADDITIONAL FEE
OR 1 \$ _____	
OR 2 \$ _____	
OR 3 \$ _____	
TOTAL ADD'L FEE	

* If the entry in column 1 is less than the entry in column 2, write 'W' in column 3.
** If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter
*** If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 1, enter
This Highest Number Previously Paid For (Total or Independent) is the highest n

RATE	ADDITIONAL FEE
X \$ _____ =	
X \$ _____ =	
X \$ _____ =	
TOTAL ADD'L FEE	

RATE	ADDITIONAL FEE
DIR	A. \$ _____ :
DIR	B. \$ _____ :
DR	C. \$ _____ :
MR	TOTAL ADD'L FEE

This contact is at intervals, as required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the person which is to be had by the USPTO to process an application. Confidentiality is assured by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 17 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR PAYMENT TO THE ADDRESS BELOW.
ADDRESS: USPTO, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

By now, you've completed the first part of the 1,800-100-8188 assignment.